SCHEDULE OF REIMBURSABLE PAYMENTS RSA 281-A:54,I,III & RSA 281-A:55

IMPORTANT INSTRUCTIONS: This schedule must be properly completed to obtain reimbursement and must be filed together with Request for Reimbursement, Form No. WCSIF-2 (8-08), not later than September 1st for all reimbursable benefits paid in the preceding calendar year. Include all payments issued by December 31st of the payment year shown. Exclude recovered and otherwise reimbursable amounts of third party liens. Enter reimbursable lump sum amounts only as ordinarily would have been payable for and within the payment year shown. Include any necessary adjustment, on account of overpaid or underpaid reimbursement in a prior year, within the appropriate benefit class of payment, and explain fully below.

CLAIM IDENTIFICATION		VS.			
		ployee's Name		Employer's Name	Date of Injury
SCHEDULE PREPARED B	Y:				
		Name	Title	Company	Telephone
CALENDAR YEAR:	* DATE OF 104 TH WEEKLY INDEMNITY PAYMENT (If date is during this calendar year, then separate all amounts below to those occurring before and after this date.)				
		Amount			
Medical treatment total (attach documentation)		\$		For amounts before 104 w Total times 50%	eeks: \$
Disability indemnity payment (attach documentation)	nts total	\$	_	* For amounts after 104 v Total times 100%	weeks: \$
Lump sum allocation for yea based on figures used in the settlement agreement	r	\$	li	Adjustments for third party en recoveries or prior year verpayment or underpaym	
Death benefits		\$	_	Total reimbursement claim for this year: \$	
If \$10,000 deductible fully m in what prior year?	<u> </u>	\$amount \$	- -		
	Total	\$	_		
Comments:					
For Labor Department use					
Approved by:				Date	

*DATES MUST MATCH

Form No. WCSIF-2a (8/08)